

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) HCP    ( ) IE    ( ) IC		<b>Response Timely Filed?</b> (X) Yes    ( ) No	
Requestor's Name and Address Metroplex Diagnostics 200 Wynnewood Village Dallas, TX 75224		MDR Tracking No.: M4-04-0646-01	
		TWCC No.:	
		Injured Employee's Name:	
Respondent's Name and Address                      BOX #: 42  Dallas ISD		Date of Injury:	
		Employer's Name: Dallas ISD	
		Insurance Carrier's No.: 2003030841	

## PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
4/11/03	4/11/03	95900-27 x 4	179.20	179.20
		95904-27 x 6	179.20	179.20
		95935-27 x 4	222.60	111.30
		95900-26 x 4	0	
		95904-26 x 6	0	
		95935-26 x 4	0	-47.70
		99242	0	
Total Amount Due				\$422.00

## PART III: REQUESTOR'S POSITION SUMMARY

Carrier is disputing the services stating not appropriate health care provider. This denial is not appropriate, as the Texas Board of Chiropractic Examiners has ruled that NCV Studies were part of the scope and practice of a licensed DC in Texas. These tests include needle EMG, somato-sensory evoked potential and H reflex studies.

## PART IV: RESPONDENT'S POSITION SUMMARY

The letter from the Texas Board of Chiropractic Examiners (TBCE) outlines what circumstances nerve conduction studies might fall within the scope of practice of a chiropractor. Per the letter a caveat exists. Chiropractors performing such services should have obtained and completed a 120 hour course in electrodiagnostics from CCE accredited college or status as an ACA Diplomate in Neurology. Unfortunately, there's no indication from the Requestor that either of these conditions have been met. The statement by TBCE carries a strong implication. In the absence of any information regarding the education of the performing chiropractor, the Requestor cannot justify its entitlement to further monies.

## PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The carrier's EOB denial reasons are as stated in the Requestor's and Respondent's summaries above.

The TCBE letter signed by the Board's President and Technical Standards Committee Chairman, states that 'Although it is not a requirement, it is the Board's opinion and recommendation that a practitioner exercises "due diligence" when they have obtained and completed a 120-hour course in electrodiagnostics offered at CCE accredited chiropractic colleges, or they have received status as an ACA Diplomate in Neurology.'

As indicated in TCBE's letter, their recommendation for this special training is not requirement. Consequently, the Commission cannot overrule the TCBE's recommendation and deny reimbursement for lack of this special training in the disputed nerve studies. The Commission does not agree with the Respondent's denial reasons for the disputed services.

The Requestor's medical documentation reports that the claimant's injury affects the low back with symptoms radiating down the left leg to the left knee. Sensory studies were done bilaterally to the sural and peroneal nerves. Motor studies were done to the tibial and peroneal nerves bilaterally. The "F" and "H" wave studies of the bilateral lower extremities were done as well.

According to the 1996 MFG, Medicine Ground Rule (IV. Nerve Studies (D) and the descriptor for 95900 and 95904 reimbursement is allowed per nerve. Dr. Kogan performed the professional component (30% of MAR) and Dr. Sauder performed the technical component (70% of MAR).

According to Ground Rule (B. Reflex Studies) reimbursement is per study and "H" studies may be billed bilaterally. However, the "F" wave studies are reimbursable per the affected extremity. Because the injury affected only the left lower extremity, reimbursement for the right lower extremity comparison of the "F" wave study is not separately reimbursable. Consequently, only 3 units of 95935 are allowed for both technical and professional components billed.

#### PART VII: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of **\$422.00**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

Patti Lanfranco

June 30, 2005

Authorized Signature

Typed Name

Date of Order

#### PART VIII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on \_\_\_\_\_. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
P. O. Box 17787  
Austin, Texas, 78744  
or faxed to (512) 804-4011

A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

#### PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_